

SHORT REPORT:

FGC in Thailand

July 2024



About Orchid Project

Orchid Project is a UK- and Kenya-based non-governmental organisation (NGO) catalysing the global movement to end female genital cutting (FGC). Its strategy for 2023 to 2028 focuses on three objectives:

1. to undertake research, generate evidence and curate knowledge to better equip those working to end FGC;
2. to facilitate capacity-strengthening of partners, through learning and knowledge-sharing, to improve programme designs and impacts for the movement to end FGC; and
3. to steer global and regional policies, actions and funding towards ending FGC.

Orchid Project's aim to expedite the building of a knowledge base for researchers and activists is being fulfilled in the **FGM/C Research Initiative**.

About ARROW

The Asian-Pacific Resource and Research Centre for Women is a non-profit women's NGO with a consultative status with the Economic and Social Council of the United Nations and an observer status with the United Nations Framework Convention on Climate Change. Based in Kuala Lumpur, Malaysia, ARROW has been working since 1993 to champion women and young people's sexual and reproductive rights. ARROW occupies a strategic niche in the Asia-Pacific region and is a Global South-based, feminist, and women-led organisation that focuses on the equality, gender, health, and human rights of women.

About Asia Network to End FGM/C

The Asia Network to End Female Genital Mutilation/Cutting (FGM/C) is a group of civil-society actors, led by Orchid Project and ARROW, working across Asia to end all forms of FGM/C. It does this by connecting, collaborating and supporting Asian actors and survivors to advocate for an end to this harmful practice.

Introduction

While there are no official data available on the prevalence of female genital cutting (FGC) in Thailand, one may look for indications in other countries' practising communities that are culturally and religiously similar.

The prevalence of FGC in southern Thailand's Muslim community is believed to be similar to that of the community in Kelantan, Malaysia. Kelantan has one of the highest FGC-prevalence figures in Malaysia (88.5% of women).¹

Dawoodi Bohras in Thailand are understood to mainly reside in and around Bangkok.² Research on Dawoodi Bohra women in India³ has found an FGC prevalence of between 75% and 85%.

A Note on Data

In the absence of official national data, this Short Report is based on academic sources; in particular, the work of Claudia Merli (Department of Anthropology, Durham University, United Kingdom), journal articles and news stories.

A Note on Terminology

The term *sunat*, meaning 'female circumcision' is the term most commonly used in Thailand to refer to female genital cutting (FGC), rather than 'female genital mutilation', as practising communities do not regard the practice to be 'mutilation'. 'FGC' and 'sunat' are used interchangeably in this Short Report, according to context.

Authors:

Caroline Pinder, Anne Morin, Sean Callaghan, Danica Issell (ed.)

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Natalia Stafeeva (<https://stafeeva.site/>)

Key Findings and Indicators



Prevalence: FGC in Thailand is mainly carried out by Muslim communities such as the Malay and Dawoodi Bohra; prevalence is estimated to be 75–90%



Terminology: FGC is usually referred to as *sunat* in Thailand



Age: Malay-Muslim girls are typically cut in infancy; Dawoodi Bohra girls are usually cut at the age of six or seven years



Type: The most-commonly practised types appear to be Type 1 and Type 4



Agent: Traditionally, *bidans* carried out FGC; now, doctors are more frequently being tasked with it



Attitudes: There is less support for FGC among the younger generations and men; FGC is medicalised among younger mothers; religion is the main driver



HDI Rank: 66 out of 193 countries ('Very high')⁴



SDG Gender Index Rating: 60 out of 144 countries in 2020 (score of 70.1)⁵



Population: 70,809,234 (as at 23 February 2024) with a 0.38% growth rate (est.)⁶



Infant Mortality Rate: 6.3 deaths per 1,000 live births (2024 est.)⁷



Maternal Mortality Ratio: 29 deaths per 100,000 live births (2020 est.)⁸



Literacy: 94.1% of the total population aged 15 and over can read/write⁹

Prevalence of FGC

No national surveys have been carried out regarding FGC in Thailand, so it is not possible to give a precise indication of its prevalence. Conducting a national study would be the first step in better understanding the extent of cutting and the reasons for its continuance.

It is known, however, that some Muslim groups in Thailand undertake the practice, including Malay and Dawoodi Bohra communities.

Muslims comprise 5.4% (3.8 million) of Thailand's total population of approximately 71 million.¹⁰ The prevalence of FGC in southern Thailand's Muslim community is believed to be similar to that in Kelantan, Malaysia, as the southernmost Thai provinces are culturally and religiously similar to that part of Malaysia. Kelantan has one of the highest FGC prevalence figures in Malaysia (88.5% of women).¹¹

The Dawoodi Bohra are understood to mainly reside in and around Bangkok.¹² Again, no survey of FGC prevalence has been carried out in this community in Thailand, but surveys carried out with Dawoodi Bohra women in India¹³ suggest an FGC prevalence of between 75% and 85% of women.

The practice of FGC in Thailand has been brought to the attention of the Thai state by several parties over the past two decades.

However, in 2006 all state parties were asked to submit answers to a series of questions posed by the *United Nations Study on Violence Against Children*, and Thailand responded as follows:

8. Provide information on the way in which harmful or violent traditional practices, including but not limited to female genital mutilation, child marriage or honour crimes[,] are addressed in your country.

Answer

There are some violent traditional practices. . . . Thailand does not have violent traditional practices as mentioned in the question. Female genital mutilation is not a practice in Thailand.¹⁴

Thailand has signed the Convention on the Elimination of All Forms of Discrimination against Women. In its *Concluding observations . . . on the combined sixth and seventh periodic reports of Thailand* in July 2017, the Committee on the Elimination of Discrimination against Women (CEDAW) expressed its

concern at the persistence of harmful practices based on discriminatory social attitudes, in particular in rural and remote areas, such as female genital mutilation among Muslim communities in the southern border provinces and bride kidnapping.¹⁵

The CEDAW went on to recommend that the Thai Government

criminalize female genital mutilation and conduct awareness-raising campaigns, in particular in the southern border provinces, on the adverse effects of such practices on women and girls, taking into account joint general recommendation No. 31 of the Committee on the Elimination of Discrimination CEDAW/C/THA/CO/6-7 6/16 17-11291 against Women/general comment No. 18 of the Committee on the Rights of the Child (2014) on harmful practices.¹⁶

The CEDAW made further reference to FGC in its *List of issues and questions prior to the submission of the eighth periodic report of Thailand* (4 November 2022), and requested further information:

The measures taken towards criminalizing female genital mutilation and adopting a comprehensive strategy toward its elimination, also targeting traditional and religious leaders, in the light of the Committee's previous concluding observations . . .¹⁷

Several organisations made submissions to the CEDAW, which referred to the continuing practice of FGC, for consideration at Thailand's eighth periodic review. The Patani Working Group for Monitoring of International Mechanisms, Thailand raised the issue in its joint shadow report, *Situation of the Rights of Malay Muslim Women in Southern Thailand*, submitted to CEDAW in November 2022.¹⁸ The Patani Working Group stated:

Female circumcision, in particular, exists among Malay Muslim girls in the [southern border provinces]. Most newborn girls are circumcised at birth or within seven days by local midwives (Toe Bidae) or even gynaecologists in state hospitals.¹⁹

Some receive it when they are two or three years old. Several girls show signs of infection of the circumcision.²⁰

Referring to women living in the southern border provinces who have difficulty accessing sexual health services, Manushya, in its *Joint Civil Society CEDAW Report* of October 2022, which was also to be considered by the CEDAW in anticipation of Thailand's eighth periodic review, says, 'Further endangering their health is the fact that Malay Muslim girls continue to undergo genital circumcision.'²¹ The organisation makes a recommendation on healthcare and family planning at Article 12(6): 'Enhance protection from forced sterilization, unsafe abortion, and female genital mutilation.'

In its report to CEDAW for the eighth periodic review (due in February 2023, but not submitted until February 2024), the Government of Thailand finally acknowledged the existence of FGC in the country, though only to note that it has not been known to cause any harm:

According to Islamic principles, the practice of female genital mutilation (khitan) is promoted in return for the receiving of virtue. Those who choose to forgo such practice would not be punished or considered sinful. In practice, if [sic] the khitan practice involves efforts to reduce pain, and to treat young children. However, this should be subject to the consideration of a qualified medical professional and discouraged. According to inquiries made to hospital administrators and public health officials in the area, there have been no reports so far of any harm that would require medical treatment. More awareness raising is needed in the area.²²

Geography

Thailand's Muslim population largely resides in three provinces in the south of Thailand: Pattani, Narathiwat and Yala (see Figure 1). There, it is estimated that Malay Muslims form about 75% of the population.²³

In addition, academic anthropological studies about the nature and practice of FGC were carried out between 2005 and 2010 in Satun province, which is also in southern Thailand.²⁴

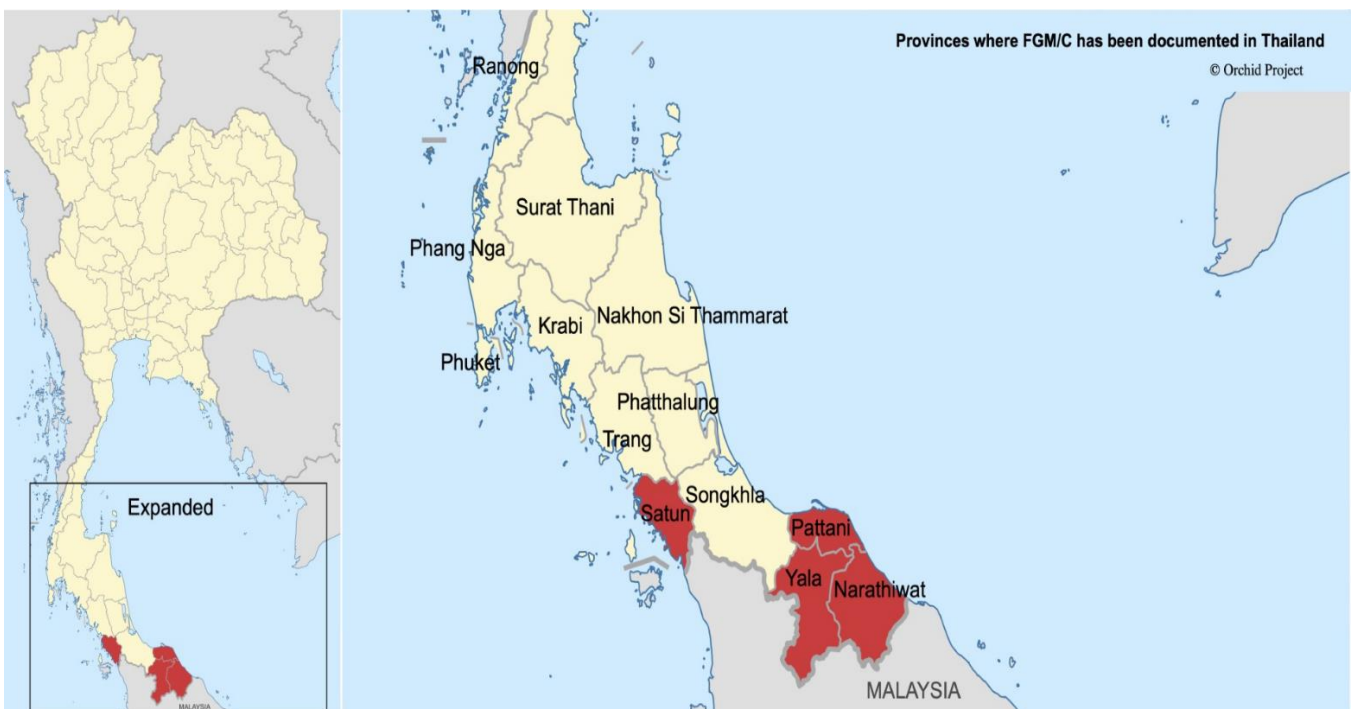


Figure 1: Thailand's Muslim population largely resides in the provinces of Pattani, Yala and Narathiwat

Age of Cutting

A girl born into a Malay-Muslim family in Thailand usually experiences FGC within a couple of weeks of her birth, or no later than her second birthday.²⁵ According to academic studies, FGC may be performed on a newborn baby as part of her mother's postnatal care.²⁶ However, among Dawoodi Bohras, the usual age of cutting is six or seven years.²⁷

Among both groups, cutting may take place at a later age; for example, if a non-Muslim woman is to marry a Muslim man.

There is a reference in one academic paper to the practice being 'performed on girls up to the eleventh year . . . as marking the full entrance of the child into the human group'.²⁸ This suggests that sometimes girls may experience FGC nearer puberty.

Type of Cutting

Researchers of FGC among Malay Muslims have found that the most common types of FGC are those classified by the World Health Organization as Type 1 and Type 4 (see the box below).²⁹

In news articles, the type of cutting in Thailand has been described as 'just a little' and 'just an incision to leak some blood[;] no excision of flesh'.³⁰ This suggests Type 4.

The type of cutting described in academic studies relating to Thailand would also be classified as Type 4: 'the amount of flesh cut is . . . the size of a grain of rice'.³¹

Among Bohra women in India, FGC is closer to Type 1, although it is not known whether this is the same for Bohra women in Thailand.³²

Female genital cutting is classified into four major types by the World Health Organization:

Type 1: This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).

Type 2: This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

Type 3: Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area.³³

Practitioners

According to academic studies, FGC is traditionally carried out by a *bidan* (a traditional birth attendant).

However, as more women are now giving birth in hospitals, health professionals are more often being asked to carry it out.³⁴

Attitudes

Many researchers cite religion as the main driver of Malay Muslims undertaking FGC across South East Asia. Statements by researchers include:

- 'The reasons for female circumcision are religious.'³⁵
- 'FGC is a religious requirement in Malaysia.'³⁶
- 'FGC differentiates Muslims from non-Muslims.'³⁷
- 'FGC is Fitrah, honour for female, preserving Muslim identity.'³⁸
- 'FGC marks the entry of a women into faith, whether as an adult convert, or as a child born into the community.'³⁹

Academic studies conducted with Malay Muslims in Thailand highlight religion as the main reason for FGC, though not all Muslims regard it as compulsory.

Claudia Merli's studies in Satun refer to 'defenders and opponents of female sunat' as belonging to two groups in southern Thailand.⁴⁰ One group comprises orthodox religious teachers, referred to as 'the old group'; these tend to support female cutting. Those opposing the practice are identified as 'young Muslims', who are characterised as having 'completed studies abroad and . . . being exposed to literalist interpretation and to international human rights discourses against female genital cutting.'⁴¹

It appears that Thailand's *fatwa* committee has not issued any fatwas about sunat as has been done in Malaysia, but Imams may believe it is something that women should do.⁴²

Interlinked with religion for Malay Muslims is community identity.

In her 2008 study, Merli suggests that FGC is 'affected by the extent of the pressure exercised by the immediate kin group or community, with individual variations in compliance',⁴³ and that some midwives (*bidans*) claim FGC 'must be performed or the girl would not properly be a Muslim'.⁴⁴

Other reasons given for continuing FGC include restricting girls' sexuality and the belief that 'if a girl is not circumcised she becomes "ketegar" [-] stubborn or obstinate'.⁴⁵

All Merli's studies, however, refer to FGC as practised by Malay Muslims in southern Thailand. No similar academic studies are known to have been conducted with Dawoodi Bohra women living in Thailand.

Among the Bohra community living in India, the majority (56%) of Sahiyo respondents cited religion as the main reason for performing FGC, and, again, that was closely linked to community and cultural identity.⁴⁶ Other reasons given by the Indian study participants include a decrease in sexual arousal (45%), maintaining traditions and customs (42%), and cleanliness and hygiene (27%).⁴⁷

Regarding the continuation of the practice, one study in Malaysia that compared findings by age cohort concluded that, because of the increased use of doctors, younger mothers agree to their daughters undergoing FGC at younger ages than did their own mothers for them.⁴⁸

Interestingly, in addition to generational differences, Merli found that there are gender differences in the discourses surrounding FGC, and that 'Muslim women usually upheld the practice and men opposed it.'⁴⁹

In 2019 the Asia Network to End FGM/C conducted a consultation exercise with activists, survivors, donors and other stakeholders across the Asia region, including Thailand, with the aim of better understanding the drivers and challenges in the different countries that would need to be taken into account in the campaign to end FGM/C in Asia. Individual responses were collected through an online survey, and a series of structured interviews were held with representatives from all countries.

While admitting this was a small sample and qualitative in methodology, the researchers gained some useful insights that apply across the region. One feature that emerged was the commonality of religion as the main FGC driver in each country (see Figure 2).⁵⁰

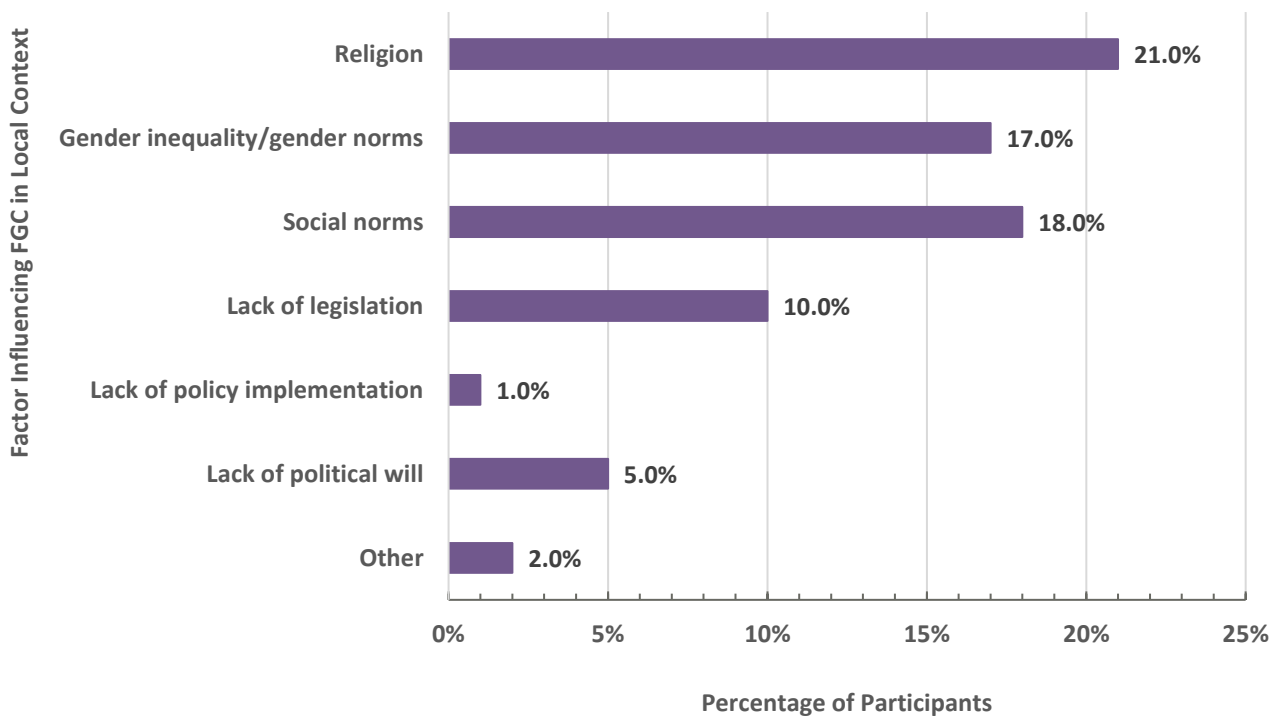


Figure 2: Participants' perceptions of factors influencing FGC in their local contexts across South East Asia⁵¹

Legislation

There is no law against FGC in Thailand.

In theory, however, it could fall under Section 295 of Thailand's Criminal Code, which says:

Whoever, causes injury to the other person in body or mind is said to commit bodily harm, and shall be punished with imprisonment not exceeding two years or fined not exceeding four thousand Baht, or both.

Grievous bodily harms includes, under Section 297, '4. Loss of genital organs or reproductive ability'.⁵²

Removal of the clitoris (a form of Type 1 FGC) would be the removal of a genital organ. However, no FGC cases have been brought to court under the Criminal Code.

It has been found in some countries that the criminalisation increases the danger of the practice being pushed 'underground'.

Raising awareness among the Muslim community about the physical and psychological harms that can result from FGC is as important as legislation.

The SDG Gender Index

*Thailand's overall performance moving toward achievement of the Sustainable Development Goals (SDGs) is scored at 74.7, ranking it 45th out of 166 countries.*⁵³

However, it is falling behind with regard to Goal 5 (gender equality) rating as 'Significant challenges remain/Score stagnating or increasing at less than 50% of required rate'. Thailand had a score of 51.9 in 2015, which rose slowly to 60.7 in 2020.⁵⁴ No rating is available specifically for Target 5.3 (*Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation*).⁵⁵

*In terms of the Gender Index, Thailand ranks 60th out of 144 countries globally, and 9th out of 26 countries in the Asia region.*⁵⁶

Cross-Border FGC

There is no evidence to suggest that girls are being taken out of Thailand to undergo FGC in other countries as, currently, there is no law against it being performed in Thailand.

Whether girls are being brought into Thailand to undergo FGC from countries where it is criminalised (for example, from the United Kingdom or Australia) is not known.

Medicalised FGC

News media reports indicate that the use of a bidan (a traditional midwife and cutter) is becoming less frequent and that more girls are undergoing FGC in health facilities – either in hospitals following the girl's birth or in clinics during the following few weeks.

Doctors have been quoted as saying that they perform between ten and twenty procedures a month and that they believe the procedure 'if done by a doctor should not be considered mutilation.'⁵⁷ This view would appear to be endorsed by the Thai Government in its state report to the CEDAW for its eighth periodic review, as quoted above.⁵⁸

*Other doctors have pointed out, however, that the issue is 'completely off the Thai Health Ministry's radar' and that it is not discussed openly. Many women reportedly do not even know they have been cut.'*⁵⁹

This medicalisation of FGC is also cited in academic studies. Merli writes in her 2008 study,

The bidan is being progressively excluded from the birth scene as the increasing use of medical facilities restricts and limits her practice to traditional antenatal care . . . The new generation of bidan is also excluded from the formal training sessions organised by the public health authorities . . . as the long-term policy is to eliminate the bidan altogether.⁶⁰

Trends and Challenges to Ending FGC

Clearly, the first priority is to undertake a national study to better understand the extent to which FGC is being carried out, the reasons for its continuance and the physiological, psychological and social harms it causes.

However, as one of Thailand's country representatives at a conference (organised in 2016 by WADI and AWARE) said, 'In southern Thailand, the question is not a concern of women's organisations.' She added that the more pressing issue was the repression of Muslims in Thailand and the violent conflict ongoing in Patani. The two other representatives from Thailand agreed with this view and said those conducting FGC in Thailand do not believe it is causing any problems.⁶¹

Despite the Thai Government's eventual acknowledgement of the occurrence of FGC in the country, there is no indication that it intends to look into it further in terms of legality or resourcing education and awareness-raising of its harms; nor is FGC seen as having any relevance in the context of the conflict ongoing in the southern provinces.

However, it is crucial to note that one reason for the conflict in the south is the demand for women's rights. Every women should have the right to bodily integrity, which means the eradication of FGC.

Working to End FGC



Email: ppp.patani@gmail.com

Office: +66 86 959 8827

Patani Women Organisation

75/8 Soi Sriputra, Sirorot Road

Maung, Yala

Thailand 95000

Website: **Facebook Page**

Patani is a non-profit organisation that stands up for women affected by violence in the southern border provinces/Patani.

It aims to strengthen women in the area to overcome the crisis and become part of building sustainable peace.



Email: WeAreManushyan@manushyafoundation.org

Office: +66 (0) 994432563

Website: **Manushya Foundation**

In Sanskrit, *Manushya* means 'human being'. Manushya Foundation (Manushya) was founded in 2017 by Emilie Palamy Pradichit with a vision to build a movement of equal human beings.

Manushya is an intersectional feminist organisation reinforcing the power of humans – in particular, local communities and female human-rights defenders – to fight for human rights, equality and justice!



Website: **Asia and The Pacific – Equality Now**

Equality Now is an international NGO campaigning for legal and systemic change to address violence and discrimination against women and girls around the world. It is a feminist organisation using the law to protect and promote the human rights of all women and girls by challenging and seeking reform of laws to establish enduring equality for women and girls everywhere.

Founded in 1992, Equality Now has an international network of lawyers, activists, and supporters that has held governments responsible for ending legal inequality, sexual exploitation, sexual violence and harmful practices. It is a resource centre with toolkits and guidelines, fact sheets and reports about FGC.



Contact: arrow@arrow.org.my

Asian-Pacific Resource and Research Centre for Women (ARROW)

Office: +603 2273 9913 / Fax: +603 2273 9916

No. 1 & 2 Jalan Scott

Brickfields 50470

Kuala Lumpur, Malaysia

Website: www.arrow.org.my

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ARROW occupies a strategic niche in the Asia-Pacific region and is a Global-South-based, feminist and women-led organisation that focuses on the equality, gender, health and human rights of women.

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